# 2022 CCO Transformation and Quality Strategy: Access Components

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# Housekeeping

- Please keep yourself on mute when you're not speaking.
- Type questions into the chat at any time.
- This webinar is being recorded. The slides and recording will be available on the Transformation Center TQS TA webpage.

# Agenda

- TQS background
- Defining Access
- Component requirements and scoring criteria
    - Cultural Considerations; Quality and Adequacy of Services; Timely
- Tips, examples and resources
- Q&A

# TQS background

# TQS foundational principles

**The TQS addresses three key principles:**

1. Meet relevant CFR, OAR, 1115 waiver and CCO contractual requirements
2. Pushes health transformation through alignment with quality and innovation
3. Decrease administrative burden
   - ✓ Supports OHA's use of information to monitor CCOs' progress to benchmarks.
   - ✓ Incorporates narrative style and specific/measurement methods.
   - ✓ Combines two annual deliverables from prior years 2012-2017.

# Why do the work


**Efficiency**
is doing things right;

**Effectiveness**
is doing the *right* things.

– Peter Drucker

# 2022 TQS components

## Project needs to meet the requirements for each component assigned to it.

| | | | |
|---|---|---|---|
| **1** | Access: Quality and Adequacy of Services | **9** | Oral Health Integration |
| **2** | Access: Cultural Considerations | **10** | Patient-Centered Primary Care Home (PCPCH): Member Enrollment |
| **3** | Access: Timely | **11** | PCPCH: Tier Advancement |
| **4** | Behavioral Health Integration | **12** | Serious and Persistent Mental Illness (SPMI) |
| **5** | CLAS Standards | **13** | Social Determinants of Health & Equity (SDOH-E) |
| **6** | Grievance and Appeal System | **14** | Special Health Care Needs (SHCN): Full Benefit Dual Eligible Population* |
| **7** | Health Equity: Data | **15** | Special Health Care Needs (SHCN): Non-duals Medicaid Population* |
| **8** | Health Equity: Cultural Responsiveness | **16** | Utilization Review |

**New for 2022: SCHN is now two components*

# 2022 Access overview and definitions

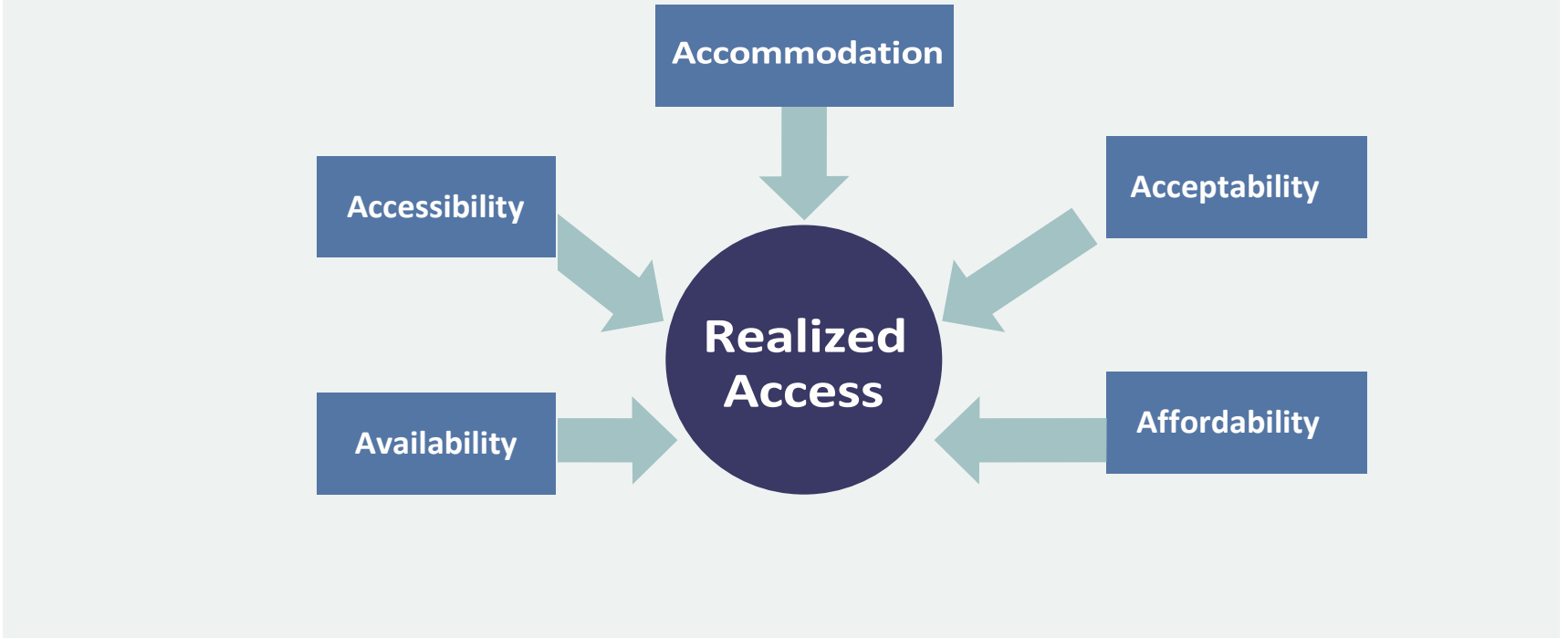
# Access to care

§438.320 Access definition:

- The timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).

# Access to care

**Figure I.1: Access framework**




This framework is similar to one proposed to CMS to enable it to monitor Medicaid enrollees' access to care across and within states for key services and populations covered by the program, regardless of the delivery system (that is, FFS, managed care, or waivers). The two frameworks are largely consistent. To view the "Proposed Medicaid Access Measurement and Monitoring Plan" https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf

# Access to care

**Primary monitoring activities:**

Activities that draw a direct correlation, from member generated data, to the ability to access services (for example, complaints, utilization rates and member surveys)

**Secondary monitoring activities:**

- Activities that use primary data, but do not provide a direct correlation to access (for example, provider surveys, performance metrics, ratio of providers to members, referral patterns, average wait times)
- Activities that draw from qualitative data sources (member self-reported data, provider team satisfaction and comments) or rapid cycle quantitative data (tally sheets in key practices)

# Access complementary reporting

**DSN Provider Capacity Reporting and Annual DSN Evaluation** requires CCOs maintain and report a network of appropriate health care providers to ensure adequate access to all services covered under the contract.

**Annual EQR Compliance Reviews:** Evaluation of CCO compliance with state and federal requirements related to assurance of adequate capacity and services, availability of services, and quality assessment and performance improvement.

# Access complementary reporting (cont.)

**Mental Health Parity:** Analysis to determine if the existing benefits and any NQTLs are compliant with the MHP regulations in 42 CFR §438 Subpart K.

**Secret Shopper Survey: T**elephone survey among primary care-type providers (PCPs) to assess appointment availability/timeliness for each CCO and to evaluate data validity in each CCO's region(s).

# Development of Network Adequacy Standards

- OHA is currently in the process of analyzing data from multiple sources (including claims, DSN, member enrollment data) to better understand the current landscape of provider supply and availability around the state.
- The intention is to prepare to make recommendations around updated network adequacy standards in alignment with 42 CFR 438.68(c).
- TQS projects present an opportunity for CCOs to consider their own processes and practices in relation to those CFR elements and innovate to meet the needs of their membership.

# 2022 Access requirements, project considerations and scoring criteria

# 2022 TQS scoring criteria

A project is scored on the following three elements (score of 0-3 for each element):

- Relevance
- Detail
- Feasibility

A “full-score” project would score a ‘9’.

For a project, if Relevance score is ‘0’, Detail and Feasibility scores will automatically be ‘0’s.

If a project scores a zero for a component, the CCO will not have the opportunity to resubmit a corrected version, and the zero score will be included with the total component and total TQS score.

# 2022 TQS scoring criteria

**Relevance**: Project fully addresses the component-specific requirements.

**Detail**: No additional details or clarity are needed in description, prior year assessment, project context, activities, targets or benchmarks. There is a detailed prior year assessment of the component area and sufficient justification for the project selected in the project context. For continued projects, the progress to date is sufficiently detailed with updates to both activities and targets/benchmarks.

**Feasibility**: Activities, targets, benchmarks and data sources are mostly to fully feasible (capable of being carried out) as described, and SMART (specific, measurable, achievable, relevant, time-bound) objectives are utilized.

# Access: Cultural Considerations

This component refers to assessment and analysis of the quality and effectiveness of the program operated by your CCO for monitoring, evaluating and improving the access, quality and appropriateness of services provided to members consistent with their cultural and linguistic needs.

# Relevance scoring criteria for Access: Cultural Considerations projects

An access project addressing *cultural considerations* must:

- Demonstrate how the project promotes access and delivery of services in a culturally competent manner to members. For example, this may include members with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, etc.;
- Demonstrate how the cultural and linguistic needs of the target population for the project are identified; and
- Describe how actions/interventions for the project's activities will connect to and improve the member's experience of care in the context of access and the delivery of services in a culturally competent manner.

# Access: Cultural Considerations

Considerations in developing projects:

- Available data on age, culture, language and disability data available to demonstrate project is targeting specific CCO members
- Community Advisory Council guidance, input and recommendations
- Data already collected by CCO that can be stratified by ethnicity or language
- Data already collected by CCO that shows underutilization of services including preventive care, interpreter services, behavioral health, dental health.

# Access: Quality and Adequacy of Services

- Comprehensive quality assessment and performance improvement strategies and activities to improve services provided to members in accordance with CFR 438.330 and OAR 410-141-3525(8)
- Regular monitoring and evaluation of availability and accessibility of services to ensure availability and use of services that reflect acceptable and appropriate health outcomes
- Provide physical access, reasonable accommodations and accessible equipment for members with physical or mental disabilities
- Oversight, care coordination, transition planning and management of the behavioral health needs of members to ensure appropriate behavioral health care

# Relevance scoring criteria for Access: Quality and Adequacy of Services projects

An access project addressing *quality and adequacy of services* **must:**

- Plan to improve access, quality and appropriateness of services that ensures all covered services addressed in the project are available and accessible to CCO members (right care at the right time and place, using a patient-centered approach);
- Identify the target population's access limitations when determining service needs as they relate to this specific project; and
- Address at least one of the five key factors that influence access (availability, accessibility, accommodation, acceptability, affordability) or realized access, a key outcome.

# Access: Quality and Adequacy of Services

Considerations in developing projects:

- How does project support member choice and make services covered by CCO contract more accessible/available to member?
- Availability of standard, urgent, and emergency services for all service types (physical, behavioral & oral health)
- Availability of services for all age groups and geographic service area
- How does the proposed project contribute to members getting the right care, at the right time, and in the right place with appropriate coordination, continuity and use of medical resources and services?
- How will your CCO evaluate members to ensure placement in settings that are appropriate, the most integrated appropriate for that person, and that members' needs are re-evaluated at regular intervals to capture changes?

# Access: Timely

This component refers to assessment and analysis of the quality and effectiveness of the program operated by your CCO for monitoring, evaluating and improving timely access to services provided to members.

**Timely access projects must address both 1) travel time and distance, and 2) timely appointments (described in OAR 410-141-3515).**

- This change was made because, from the member experience perspective, these standards are closely connected.
- It is not the expectation that projects focus equally on both standards, but both must be considered and addressed.

# Relevance scoring criteria for Access: Timely projects

An access project addressing *timely access* must:

- Plan to improve timely access to services and demonstrate improvement over time;
- Apply OHA travel time and distance standards for timely access to care and services ***and*** network adequacy standards for timely appointments under OAR 410-141-3515, considering the urgency of the need for services (42 CFR 438.206(c)(1)(i); and
- Demonstrate oversight of provider network to monitor and address compliance. Examples include, but are not limited to, establishing mechanisms to ensure compliance by providers, regular monitoring of providers to determine compliance or taking corrective action for provider failure to meet timely access requirements.

# Access: Timely

Considerations in developing projects:

- How does the project and measurement selected by your CCO apply OAR and contract standards for 1) travel time and distance AND 2) time to appointment (to be seen, treated or referred)? Project MUST address both pieces.
- Does the project apply to the behavioral health, physical health and/or oral health provider networks?
- Network Adequacy Standards in 438.68(c)(i)

# Access tips, examples and resources

# Example Project
# Access: Timely and Special Health Care Needs

A. Project 3: Assess wait times and travel time/distance standards for routine oral care for members with special health care needs
Continued or slightly modified from prior TQS? ☒Yes ☐No, this is a new project or program

**B. Components addressed**
1. Component 1: Access: Timely
2. Component 2 (if applicable): SHCN: Non-duals Medicaid

**C. Component prior year assessment**: *Calendar year assessment for the component(s) selected with CCO- and region-specific data*
While COVID-19 posed severe challenges for access to routine oral care for all members, this was especially true for members with special health care needs. Access to dental providers was limited for several months due to the various protective orders and social distancing measures to reduce the spread of COVID-19. The continued guidelines and protective orders have continued to impact providers' ability to see, treat or refer members within the allotted timeframes defined in state and federal regulations. In analyzing enrollment and utilization data, SHCN members only represent 20% of oral health encounters. We are continuing to work with dental providers to expand capacity for in-person and telehealth services. We have made investments in our Health Information Exchange (HIE) infrastructure that supports use of HIE referrals from other providers, and our contracts reward providers for seeing, treating or referring members for routine oral care within the eight- week standard timeframe. In addition, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides oral preventive health care and comprehensive services for children birth to age 20. Currently only 75% of our oral health providers are using our HIE system, and our CCO has planned to continue to build that out to 85% in 2022.

# Example Project
# Access: Timely and Special Health Care Needs

Oral health research studies over the past 10 years have shown that dental attendance rates are typically low in members with SHCNs with only about 50% being seen for routine dental visits and any necessary follow up treatment. In addition, emergency oral and medical care is significantly higher in members with SHCNs, whereas radiographs, restorations and orthodontic assessments and treatments are recorded more frequently in members without SHCNs. Oral health of SHCN members is compromised not only through disabilities or associated consequences, but also through barriers to adequate oral health care. Proper oral health for members with SHCNs is necessary for overall general health and is key to self-esteem, communication, nutrition and quality of life.

Our Intensive Care Coordination (ICC) team also conducted an informal survey in 2021 during care management calls to members and found that over 50% of members with SHCN were not aware of their oral health benefits, the importance of those benefits to the overall member's health, and that these benefits were available at no cost to the member. The majority of members did not know their assigned oral health provider's name, location and phone number. A subset of our members with disabilities noted they were uncomfortable scheduling appointments with oral health providers unless they knew the provider had physical accessibility for individuals with disabilities and could provide accessible communication tools. Because of this finding, our CCO contacted all oral health providers in 2021 with a survey that would update and provide additional clarity on accessible facilities and communication modalities available to members with disabilities. We subsequently have these additional details included in our online provider directory for 2021.

# Example Project
# Access: Timely and Special Health Care Needs

**D. Project rationale and progress**: Include justification for the chosen or continued project with CCO- and region-specific data, and progress to date for continued projects

The CCO quality management (QM) team has noted through monitoring of grievances for calendar year 2019 and 2020 that 60% of the complaints are made by members with special health care needs related to noncompliance with wait times to be seen, treated or referred for routine oral care (as required by OAR 410-141-3515). Now that our oral health providers have reopened and have COVID protocols in place to ensure safety, our CCO has put increased emphasis on audits and performance targets in our oral health provider contracts to improve provider compliance with routine oral care standards. Primary care and behavioral health providers surveyed previously indicated that it was taking up to 10 weeks for referrals they made to oral health providers to be scheduled, which then significantly impacted the timeframe for oral health care access by often pushing appointments for oral health out well beyond the expected timeline.

# Example Project
# Access: Timely and Special Health Care Needs

**E. Project or program brief narrative description**

The CCO QM team will coordinate with dental providers to assess wait times to be seen in each quarter. The CCO QM team will use this data to compare the length of wait times across providers for routine dental visits for non-dual SHCN members and non-SHCN members. The QM team will work with a subset of providers to identify interventions to improve access to oral health services for SHCN members. The CCO QM team will develop regular utilization reports for oral health service access by SHCN members and use this information to inform strategic approach to identifying interventions to improve access for SHCN members. As the project evolves and is continued over time, and as gaps and barriers are identified, CCO will develop and implement additional monitoring activities to ensure equity for members to be seen, treated or referred for routine oral health services within OHA-established standards.

Provider access surveys conducted in the 2021 phase of this TQS project have led us to work with our oral health providers to encourage them to schedule the second cleaning appointment six months after the first to improve member regularity of oral health access throughout the calendar year. They are also using appointment reminders via text message to enhance member attendance at scheduled appointments.

The QM team will develop regular auditing and annual reports to provide oversight and ensure providers are meeting the access timelines established for oral health services. Examples of monitoring and oversight provided by the CCO include, but are not limited to, establishing mechanisms to ensure compliance by dental providers, regular monitoring of dental providers to determine compliance with wait times (for example, secret shopper surveys) or taking corrective action for provider failure to meet timely access requirements. New tracking of the referrals in the HIE system allow us to ensure members are being seen, treated or referred for routine oral care within eight weeks.

# Example Project
# Access: Timely and Special Health Care Needs

Our communications team has worked with our ICC team using sample materials for oral health access developed by OHA a few years ago to develop educational oral health home mailers. The mailers will educate SHCN members about the importance of oral health, oral health covered benefits, and the state requirements around access to oral health services. At the beginning of Q1 and Q3, the mailers will be sent to all SHCN members eligible for or receiving ICC services. Additional messaging was developed for our member website homepage that links members to information about their oral health benefits and our CCO customer service phone number to provide assistance with appointment scheduling. This page also notifies members about the availability of accessibility and accommodation information in the provider directory and provides a direct link to the oral health section in the provider directory. Customer service teams have updated scripts that allow members to change oral health providers when they express concerns about disability access or accommodations at their currently assigned oral health provider. Our communications staff have developed a text messaging campaign for SHCN members to remind them about scheduling their oral health care appointments. Our ICC team can work with our communications team to directly target the ICC members with SHCN who have not had an oral health appointment in six months to receive these reminder text messages in their primary language. All reminders provide our CCO customer service number for assistance in scheduling the oral health appointments and to help arrange NEMT.

In addition, our communications team has developed a simple education card for oral health providers to provide to diabetic populations about extra oral health services available and the importance of HbA1c control by following medication compliance from primary care providers. Our provider surveys in CY2021 identified concerns about diabetes and oral health care follow-up. This intervention at the oral health appointment will ensure members with diabetes know about additional services they can access to improve oral health and link to the need to improve HbA1c control across providers.

**F. Activities and monitoring for performance improvement**

**Activity 1 description**: Develop a survey to be implemented across a sample of primary care dentists to assess wait time for routine dental visits for all members and include a SHCN designation for analysis purposes.

☒ Short term or ☐ Long term

Monitoring measure 1.1: Analyzing appointment wait times to be seen for routine dental visits for all members.

| Baseline or current state | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|
| The QM Team will develop a baseline survey to assess wait time to in-person appointment to a primary care dentist for all adult members age 21-64. | The baseline survey will be provided to the QM Committee for review and feedback prior to implementation. | 3/2022 | Survey is drafted and ready for distribution | 6/2022 |
| 0 surveys conducted<br>Implement survey within sample of primary care dentists.<br>*Sample must reflect population and geographic make up this project is serving. | 5 clinics submitted survey | 8/2022 | 10 clinics submitted survey | 12/2022 |
| QM Team analyzes survey results and reports the findings to the QM Committee. | Analyze wait times across providers, across populations (including SHCN designation). | 2/2023 | N/A | N/A |

**Activity 2 description:** The Quality Management Team will conduct an analysis of travel time and distance standards for routine dental visits for all members and include a SHCN designation for analysis purposes.

☒ Short term or ☐ Long term

**Monitoring measure 2.1** Analyzing the time and distance data to assess gaps and barriers.

| Baseline or Current State | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|
| QM team will conduct an analysis of travel time and distance standards for all members (including SHCN designation). | The analysis will be complete and provided to the QM Committee for feedback. | 3/2022 | Encounter data analysis to identify oral health services with high utilization for SHCN members. Assess gaps and barriers to access for SHCN members. | 6/2022 |
| State standard for time and distance. | Based on the information learned from utilization analysis we will develop specific time and distance standards for SHCN members' access to oral health services with highest utilization. | 10/2022 | Develop ongoing geo-mapping analysis to regularly monitor time and distance access for SHCN members. | 12/2022 |

**Activity 3 description:** The QM team will develop regular auditing and annual reports to provide oversight and ensure providers are meeting the access timely access standards established for oral health services.

☐ Short term or ☒ Long term

**Monitoring measure 3.1** The QM team will develop tools to provide oversight and ensure providers are meeting the access timelines established for oral health services.

| Baseline or current state | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|
| The QM team will develop auditing tools and reports to provide oversight and ensure providers are meeting the access timelines established for oral health services. | Tools are provided to the QM Committee for review and feedback. | 12/2022 | Implement tools to be used in oversight of provider network. | 3/2023 |
| 0 Tools implemented<br><br>Implement tools to monitor oversight of provider network for timely access standards. | 1 tool implemented | 5/2023 | 2 tools implemented | 7/2023 |

**Activity 4 description:** Conduct pilot of improvement interventions with targeted providers and SHCN population. Connect SHCN population with targeted providers for oral health visits. Monitor impact of communication outreach to members and oral health provider outreach to diabetic populations.

☐ Short term or ☒ Long term

| **Monitoring measure 4.1** | Pilot intervention tracking; depends on intervention. | | | |
|---|---|---|---|---|
| **Baseline or current state** | **Target / future state** | **Target met by (MM/YYYY)** | **Benchmark / future state** | **Benchmark met by (MM/YYYY)** |
| Document that new mailer goes to all SHCN members in Q1 and Q3 | Keep record of mailing lists | 3/2021 and 9/2021 | N/A | N/A |
| Track customer call center calls from members regarding scheduling oral health appointments or inquiries on provider with accessibility accommodations/requests to change providers | Use existing quarterly customer service tracking to document any increase in member calls for oral health issues each quarter of CY2022 | CY2022 Quarterly Analysis<br>Q1<br>Q2<br>Q3<br>Q4 | Continue quarterly tracking in CY2023 for comparisons; QM team reviews results annually | By 12/2023 |
| Track reports from oral health providers on distribution of new follow-up materials for diabetic members | 90% of providers report they provided materials to SHCN members with diabetes at oral health appointments | Create annual report for CY2022 [New contracts require providers to report quarterly on numbers of members receiving information each quarter] | Track number of diabetic SHCN members who receive additional oral health diabetic appointments in CY2022 and 2023 for improvement over 2021 baseline | 12/2022 and 12/2023 |
| Track health improvements in SHCN members with diabetes receiving additional oral health services | Track SHCN members with diabetes oral health visits over time; review improvements in A1C in population that receives additional oral health services vs. those that don't | Compare A1C results in CY 2022 with previous CY 2021 numbers to see if there is any improvement for those with additional oral health appointments | Continue long-term tracking to see if oral health visits impacts diabetic improvements in A1C | CY2023 |

**Activity 5 description:** Implement new reporting of SCHN and oral health visit utilization

☒ Short term or ☐ Long term

**Monitoring measure 5.1** Implement newly developed reporting for utilization specific for SHCN population, including oral health services. QM regularly reviews utilization reports to identify gaps and inform interventions for SHCN population; as tested in Activity 2.

| Baseline or current state | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|
| Reporting developed during CY2021 implemented to track quarterly utilization on SHCN population | Quarterly utilization report provided to ICC team; improvements noted and tracked | CY2022<br>Q1<br>Q2<br>Q3<br>Q4 | CY2023 quarterly targets increase by 25%<br>Q1<br>Q2<br>Q3<br>Q4 | 12/2023 |
| ICC team informs primary care providers and oral health<br>providers ofmembers who did not meet appointment targets in CY2022 | Additional direct outreach to schedule members not meeting targets in Activity 2 in CY2023 documented | 12/2023 | N/A | N/A |

**Activity 6 description:** Conduct secret shopper survey to assess appointment availability and member ability to receive an appointment within targeted period of time. Audit will compare access between all CCO members and SHCN members. Use results of audit to assess disparity in access for SHCN members and make recommendations to improve oral health care access for SHCN members.

☒ Short term or ☐ Long term

**Monitoring measure 6.1** Conduct annual secret shopper survey to assess appointment wait times for SHCN members to access oral health services and compare to appointment availability for individuals with commercial health insurance. Determine for future TQS if project needs to be continued or if new strategies are needed based on project results.

| Baseline or current state | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|
| Survey developed in CY2021 | Document wait time improvement in survey results for CY2022 and CY2023 based on interventions | 12/2022<br>12/2023 | Continue to conduct and track results secret shopper survey quarterly for random sample | 12/2022 (ongoing) |

# 2021 areas of opportunity

**Across components:**

**Rationale –** Why did your plan choose this project specific to your CCO's target population? What is the overarching idea or purpose behind the project? Make sure you can provide clear justification as to why and how a project was chosen and that it is directly relevant to the component. The scope of the project should not be too broad. Include the data used to identify any gaps, population and intervention (CCO-or region-specific data). Baseline data needs to be specific, relevant and meaningful.

> Demographics: Make sure you explain how your CCO *identified the target population* for the project.

**Progress –** For continued projects, describe what happened in prior year. Describe if/how the project is changing this year, what targets/benchmarks were met and if not, why. Update revision dates, as necessary. Ensure progress to date needs is sufficiently detailed.

- Include meaningful data, charts, utilization information, etc.

# 2021 areas of opportunity (continued)

**Details –** More details to describe how project will address the gaps identified (project-specific as outlined in your written assessments).

**Monitoring activities**

- Ensure strong and clear correlation between the component and the activities and goals
- Activities should have enough specificity and detail that they can be *measured* over time
- Include activities for the year (or beyond) –not just one short-term process measure
- As projects mature, move toward more outcome measures
- Project should be able to demonstrate progress over time

**Continued Project –** Ensure project and activities/strategies to date are sufficiently detailed. Include any modifications to activities, revisions to target dates/benchmarks and why they were made. For a continued project, the CCO should be able to demonstrate improvement over time.

# 2021 areas of opportunity (continued)

**A SMART objective is one that is specific, measurable, achievable, relevant and timebound.**

- To provide a structured approach to developing and designing a work plan
- To systematically monitor progress towards a target
- To set the stage for measuring performance and identifying opportunities for improvement
- To succinctly communicate intended impact and current progress to stakeholders
- To concretely describes how goals will be met

# 2021 areas of opportunity (continued)

**Access-specific components:**

**Access: Cultural Considerations –** Describe (including data) how your CCO identifies the cultural and linguistic needs of members.

**Access: Timely –** Demonstrate oversight of provider network to monitor and address compliance with OHA timely access requirements.

**Monitoring activities** – Connect project to monitoring activities that will demonstrate short and long-term outcomes. Use realistic measurable monitoring activities.

# Wrap-up

Each CCO structure is different—oversight and monitoring of access and how the CCO's QAPI program incorporates this will vary. The format of the TQS is intended to allow flexibility in reporting to adapt to this variability.

Access components focus on three areas of access within the CCO contract—the TQS is not intended to be an exhaustive report of *everything* related to access in the CCO contract.

Most CCOs are already doing access work/activities within their organization. TQS is intended to capture this work, not to add new access projects.

# 2022 TQS technical assistance

**Guidance documents:** www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

**Webinar series** (October–November)

- ✓ **Purpose:** Provides technical assistance to CCOs for developing next year's TQS submission.
- ✓ 5-part webinar series that covers general and component-specific lessons learned and changes for the coming year. Webinars include time for CCOs to ask OHA SMEs questions.

**Office hours** (November–March)

- ✓ **Purpose:** Allows CCO to ask questions as the CCO is developing and finalizing the TQS submission.
- ✓ Offered monthly until submission

**Written and oral feedback for each CCO** (early summer)

- ✓ **Purpose**: Provides CCOs feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
- ✓ Written assessment with scores; optional 60-minute call with OHA.

# Q & A

# TQS Contacts

**OHA TQS SMEs for Access components:**

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# Resources

- All TQS resources, including the templates, guidance document, and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx
- The templates and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx
- Resources: In 2017, CMS published an access toolkit, designed as a resource guide for State Medicaid agencies: https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf
- Medicaid and CHIP (MAC) Quality Improvement Open School: http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/MACQuality.aspx

# Thank You

Oregon Health Authority